

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 600 Primary Registration District No. 4310 Registrar's No. 158 STATE FILE NUMBER 63-040607

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bevier</u>		c. CITY OR TOWN <u>Bevier</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>At Home</u>	
3. NAME OF DECEASED (Type or print) First <u>DALLAS</u> Middle <u>SPENCER</u> Last <u>SPENCER</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/30/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming & const.</u>	
11. BIRTHPLACE (City and state or country) <u>Callao, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William E. Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Brumback</u>	
14. NAME OF HUSBAND OR WIFE <u>Jennie Spencer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. Jennie Spencer</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ca 2 Lung</u> DUE TO (b) <u>Generalized metastases</u> DUE TO (c) <u>throughout body</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Primary Site - Esophagus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:30 a.m.</u> Month, Day, Year <u>Oct 12-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>		20f. CITY, TOWN, OR LOCATION <u>Callao</u>	
20g. COUNTY <u>Macon</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>June 15-63</u> to <u>Oct 12-63</u> Death occurred at <u>8:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>O.L. Woodward</u> (Degree or title)	
22b. ADDRESS <u>Callao</u>		22c. DATE SIGNED <u>Oct 12-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/14/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove</u>	23d. LOCATION (City, town, or county) <u>Callao</u>
24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>10/13/63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth H. Sweeney</u>		27. ADDRESS <u>Bevier, Mo.</u>	

OCT 23 1988

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip E Bram

Licensed Embalmer No. 5182

P. O. Address Y Macon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.